GENERAL INFORMATION

Subrecipient Name:



MITIGATION PROJECT RECORD - LABOR (PROJECT EXPENSE)

AUTHORITY: 1976 PA 390; COMPLIANCE: VOLUNTARY

Project Number:

Location of Work:	Description of Work:						Time Period: Start Date End Date			
II. LABOR RECORDS (PROJEC1	EXPENSE	Ξ)							
Employee Name / Title	Date / Hours Worked Each Day Date:						Total Hours	Hourly Rate	Total	
	Hours						Tiouis	Nate		
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	Hours									
III . TOTALS								(2) ->		
Regular Pay (2)										
x Fringe Benefit Rate (%)				LE.			1st be entered as a dec. $5\% = 0.075, 8.25\%$		0.1. etc.	
Regular Benefits (1)				1.12.	0.055,	770 0.07, 7	.576 0.075, 0.2570	0.023, 1070	0.1, 0.0.	
Regular Benefits (1)										
Regular Pay (2)										
Labor Total										
I certify that the above in stock records or other d						payroll r	ecords, equipi	ment log in	voices,	
Subrecipient's Authorized Representative						MSP/EMHSD USE ONLY				
Signature:					This form has been reviewed and found correct with the exceptions as noted. Reviewer Initials:					

^{**} **NOTE**: ATTACH REQUIRED DOCUMENTATION FOR EACH PROJECT EXPENSE LABOR RECORD LINE **